DR KATE NEWCOMB CONV CENTER

301 ELM ST

WOODRUFF 54568 Phone: (715) 356-8888		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	62	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	65	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	57	Average Daily Census:	58

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	.2/31/04)	Length of Stay (12/31/04)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	<b>%</b>	Less Than 1 Year   1 - 4 Years	33.3 36.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.5	More Than 4 Years	29.8
Day Services	No	Mental Illness (Org./Psy)	40.4	65 - 74	5.3		100.0
Respite Care Adult Day Care	Yes No	Mental Illness (Other) Alcohol & Other Drug Abuse	0.0	75 - 84   85 - 94	29.8 52.6	  ************	100.0
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.8	95 & Over	8.8	Full-Time Equivalent	
Congregate Meals Home Delivered Meals	No No	Cancer	0.0		100.0	Nursing Staff per 100 Res	idents
Other Meals	No	Fractures Cardiovascular	0.0 19.3	   65 & Over	96.5	(12/31/04) 	
Transportation	No	Cerebrovascular	5.3			RNs	16.5
Referral Service	No	Diabetes	0.0	Gender	8	LPNs	4.0
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	5.3 28.1	   Male	17.5	Nursing Assistants,   Aides, & Orderlies	46.6
Mentally Ill	No			Female	82.5		
Provide Day Programming for			100.0		100.0		
Developmentally Disabled	No				100.0		

## Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	2.2	135	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.8
Skilled Care	4	100.0	165	45	97.8	116	0	0.0	0	7	100.0	170	0	0.0	0	0	0.0	0	56	98.2
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	-	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		46	100.0		0	0.0		7	100.0		0	0.0		0	0.0		57	100.0

County: Oneida Facility ID: 2810 Page 2
DR KATE NEWCOMB CONV CENTER

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12,	/31/04
Deaths During Reporting Period		 			% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	14.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.3	Bathing	1.8		78.9	19.3	57
Other Nursing Homes	11.6	Dressing	5.3		82.5	12.3	57
Acute Care Hospitals	60.5	Transferring	12.3		64.9	22.8	57
Psych. HospMR/DD Facilities	0.0	Toilet Use	12.3		64.9	22.8	57
Rehabilitation Hospitals	0.0	Eating	56.1		26.3	17.5	57
Other Locations	11.6	********	******	*****	******	******	******
Total Number of Admissions	43	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.3	Receiving Resp	iratory Care	12.3
Private Home/No Home Health	16.3	Occ/Freq. Incontiner	nt of Bladder	84.2	Receiving Trac	heostomy Care	1.8
Private Home/With Home Health	16.3	Occ/Freq. Incontiner	nt of Bowel	47.4	Receiving Suct	ioning	0.0
Other Nursing Homes	2.3				Receiving Osto	my Care	5.3
Acute Care Hospitals	2.3	Mobility			Receiving Tube	Feeding	1.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	3.5	Receiving Mech	anically Altered Diets	s 47.4
Rehabilitation Hospitals	2.3	<u> </u>					
Other Locations	7.0	Skin Care			Other Resident C	haracteristics	
Deaths	53.5	With Pressure Sores		14.0	Have Advance D	irectives	86.0
Total Number of Discharges		With Rashes		3.5	Medications		
(Including Deaths)	43	İ			Receiving Psyc	hoactive Drugs	15.8

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This	Other	Hospital-		A11	
	Facility	eility Based Facilities		Facilties		
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	89.2	91.7	0.97	88.8	1.00	
Current Residents from In-County	49.1	85.3	0.58	77.4	0.63	
Admissions from In-County, Still Residing	20.9	14.1	1.49	19.4	1.08	
Admissions/Average Daily Census	74.1	213.7	0.35	146.5	0.51	
Discharges/Average Daily Census	74.1	214.9	0.35	148.0	0.50	
Discharges To Private Residence/Average Daily Census	24.1	119.8	0.20	66.9	0.36	
Residents Receiving Skilled Care	100.0	96.2	1.04	89.9	1.11	
Residents Aged 65 and Older	96.5	90.7	1.06	87.9	1.10	
Title 19 (Medicaid) Funded Residents	80.7	66.8	1.21	66.1	1.22	
Private Pay Funded Residents	12.3	22.6	0.54	20.6	0.60	
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00	
Mentally Ill Residents	40.4	32.7	1.24	33.6	1.20	
General Medical Service Residents	28.1	22.0	1.27	21.1	1.33	
Impaired ADL (Mean)*	51.6	49.1	1.05	49.4	1.04	
Psychological Problems	15.8	53.5	0.30	57.7	0.27	
Nursing Care Required (Mean)*	10.7	7.4	1.45	7.4	1.45	